

## **HIV / AIDS**

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**AIDS Acrimony  
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By Bettina and Josh Meyer

*Activists chafe at federal funding disparities among regions and say officials haven't done enough to change allocation formula*

Consider two people with AIDS. One lives in San Francisco, the other in Los Angeles. The federal government will spend more than twice as much on the care and treatment of the San Francisco resident as on the Angeleno.

That gap, based on a complex funding formula, is at the heart of an intensely political and protracted effort to change the way federal money for AIDS care is distributed to cities.

It has pitted parochial against national interests, activists against their political allies and advocates against advocates. It has prompted mea culpas from Los Angeles County supervisors and bitter criticism of the county's Capitol Hill lobbying efforts.

AIDS activists in Los Angeles and other cities have long chafed under the distribution guidelines contained in the Ryan White Care Act, which has favored regions hardest hit in the earliest years of the epidemic. That has sent more federal money to areas such as New York and San Francisco than to Los Angeles County--even though at this point there are several thousand more people living with AIDS in the county than there are in San Francisco.

This year, for instance, it is estimated that Los Angeles County will receive more than \$ 26 million in White funds, whereas about \$ 39 million will go to San Francisco.

Though the White funds make up only a portion of the \$ 131.6 million the county spends on AIDS and related programs, the more federal dollars the region gets, the more services can be offered to the more than 10,000 county residents with the disease. Thus local activists have vigorously fought to reform the formula.

Their campaign has focused on congressional legislation to extend the White act, first approved in 1990. The House and the Senate have approved reauthorization bills that include provisions helpful to the Los Angeles region, and the two versions are now being reconciled by congressional negotiators.

Most of Los Angeles' major AIDS organizations have by now tired of the battle and just want to see the act extended for another five years, but there is one major exception, AIDS Healthcare Foundation.

The largest recipient of Ryan White money in the county, AIDS Healthcare has taken out advertisements criticizing Rep. Henry A. Waxman (D-Los Angeles), orchestrated protests and complained that county officials have failed to battle for more federal dollars.

"I think the reason the feds have given us what we have is because you did not fight for us," AIDS Healthcare official Cesar Portillo told the county supervisors last week. "We are here to say you have not done your homework; you have not done your job."

Other AIDS service advocates echo criticism of the county.

"Many of us have been saying to the county and others, 'You need to be involved in national advocacy,' and the county has not been," said Phill Wilson, a former AIDS Project Los Angeles official who has been active on the national level. "Quite frankly, the county lobbyist in Washington is worthless on AIDS issues."

The supervisors respond that they have been occupied with critical efforts to keep the county's public health care system from collapsing. But some concede that more could be done.

"There is no doubt that I think that many are correct that we need to become better advocates for AIDS funding in L.A. County," Supervisor Gloria Molina said.

Supervisor Zev Yaroslavsky, while saying the supervisors have lobbied Washington for more AIDS money, last week directed county health director Mark Finucane "to step up our efforts."

The supervisors and Finucane are in Washington this week for meetings, and Finucane said he plans to lobby specifically for a larger share of the AIDS funding pie.

Even as they welcome the board's interest, AIDS service advocates say it is too late to have much impact. And many question the wisdom of AIDS Healthcare director Michael Weinstein's push to further revise the funding formula.

Los Angeles city AIDS coordinator Ferd Eggan said that virtually all the AIDS groups believe congressional negotiators are striking "the best political compromise."

Referring to AIDS Healthcare's attacks on Waxman, Eggan added: "It seems to me at this point kind of dangerous to ask Henry Waxman--who's been one of the best friends of the AIDS community--why he's giving away L.A.'s money to somebody else. In my opinion, it seems like very self-serving demagoguery, especially when the voice that is crying the most is the single largest recipient of Ryan White money in the county."

Portillo responded that his organization is "completely unapologetic about needing to maximize the amount of funding that needs to come to Los Angeles."

Waxman, who is on the conference committee hammering out the final version of the White reauthorization bill, says AIDS Healthcare's criticism is unjust. "I'm doing the best I can to get as much money for Los Angeles and the country for AIDS. . . . I can't just represent Los Angeles alone. I have to stand for what's fair."

Indeed, while there has been a general consensus of AIDS service groups around the country that the funding formula needed to be changed to better reflect recent phases of the epidemic, some complain that it is simplistic and divisive to emphasize the funding disparities between cities.

"That's a really clever sound bite, but it does not speak to the difference in need and the difference in impact that AIDS has had in different cities," said Regina Aragon of the San Francisco AIDS Foundation.

The original distribution formula for White funds was designed to take those factors into account by looking at the overall number of AIDS cases a city has experienced since the start of the epidemic as well

as the case incidence per 100,000 people. The theory was that a city such as San Francisco--with a large number of AIDS cases in a medium-sized population--needed more financial help from the federal government than a place like Los Angeles County, with a much larger population and tax base to absorb care costs.

The revisions now before Congress would retreat from that approach somewhat. But there will be a cap limiting any city's funding loss, so significant geographic disparities will remain--even if Congress incorporates all the changes AIDS Healthcare is advocating.